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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages **31**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [ Total Sheets **8** ]
5. Oath or Declaration [ Total Pages **3** ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation    Divisional    Continuation-in-part (CIP)

of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below	
Name	Michael A. Slavin				
Address	McHale & Slavin, P.A. 2855 PGA Blvd.				
City	Palm Beach Gardens	State	FL	Zip Code	33410
Country	USA	Telephone	561-625-6575	Fax	561-625-6572
Name (Print/Type)	Michael A. Slavin	Registration No. (Attorney/Agent)	34,016		
Signature	/		Date	7/24/03	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

17058 U.S. PTO  
10/628636  
07/25/03

16085 U.S.  
07/25/03  
PTO

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** **(*\$*) 424.00**

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Richardson et al
Examiner Name	
Group Art Unit	
Attorney Docket No.	1251.165

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																																													
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>13-0439</b></p> <p>Deposit Account Name <b>McHale &amp; Slavin, P.A.</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. 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SUBTOTAL (3) **(*\$*) 40.00**

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Michael A. Slavin	Registration No. (Attorney/Agent)	34,016	Telephone 561-625-6575
Signature			Date	7/24/03

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